

Notice of Exempt
Offering of Securities

SEC1972 (09/08)

U.S. Securities and Exchange Commission

Washington, DC 20549

(See Instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: February 28, 2009

Estimated average burden hours per response: 4.00

Form D 1

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001. Item 1. Issuer's Identity Name of Issuer Entity Type (Select one) Previous Name(s) X None OnCard Marketing, Inc. Corporation Limited Partnership Jurisdiction of Incorporation/Organization Limited Liability Company Delaware General Partnership **Business Trust** Year of Incorporation/Organization Other (Specify) (Select one) Over Five Years Ago () Within Last Five Years Yet to 8e Formed 2006 (specify year) (If more than one issuer is filing this notice, check this box 🌅 and identify additional issuer(s) by attaching items 1 and 2 Continuation Page(s).) Item 2. Principal Place of Business and Contact Information Street Address 2 Street Address 1 520 East 76th Street City State/Province/Country ZIP/Postal Code Phone No. New York New York 212-988-2161 10021 Item 3. Related Persons Last Name Middle Name First Name Treiber Jonathan Street Address 2 Street Address 1 MAR 1 7 ZUU: 520 East 76th Street State/Province/Country City ZIP/Postal Code 10021 New York New York Relationship(s): Executive Officer Director Director Promoter Clarification of Response (if Necessary) (Identify additional related persons by checking this box 🔲 and attaching item 3 Continuation Page(s).) Item 4. Industry Group (Select one) Agriculture Business Services Construction **Banking and Financial Services Energy** REITS & Finance SEC Mich Compossing Commercial Banking **Electric Utilities** DHC, Ju Residential Insurance **Energy Conservation** Other Real Estate Investing Coal Mining MAR 0 3 2009 Retailing Investment Banking **Environmental Services** Restaurants **Pooled Investment Fund** vvashington, DC Oil & Gas Technology Other Energy If selecting this industry group, also select one fund Computers 111 type below and answer the question below: **Health Care Telecommunications** Hedge Fund Biotechnology Other Technology ◉ Private Equity Fund Health Insurance Venture Capital Fund -Travel Hospitals & Physcians O **Airlines & Airports** Other Investment Fund **Pharmaceuticals** Lodging & Conventions Is the Issuer registered as an investment Other Health Care company under the Investment Company Tourism & Travel Services Act of 19407 Yes No Manufacturing Other Travel **Real Estate** Other Banking & Financial Services Commercial Other

U.S. Securities and Exchange Commission Washington, DC 20549

Item 5. Issuer Size (Select one)				
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)			
O No Revenues	OR No Aggregate Net Asset Value			
S1 - \$1,000,000	O \$1-\$5,000,000			
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000			
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000			
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000			
Over \$100,000,000	Over \$100,000,000			
Decline to Disclose	Decline to Disclose			
Not Applicable	Not Applicable			
tem 6. Federal Exemptions and Exclusions Cla	aimed (Select all that apply)			
	nvestment Company Act Section 3(c)			
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)			
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)			
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)			
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)			
Rule 505	Section 3(c)(5) Section 3(c)(13)			
Rule 506	Section 3(c)(6) Section 3(c)(14)			
Securities Act Section 4(6)	Section 3(c)(7)			
a de la companya del companya de la companya del companya de la co				
tem 7. Type of Filing				
New Notice OR Amendmen	nt .			
Pate of First Sale in this Offering: February 20, 2009	OR First Sale Yet to Occur			
	ı			
tem 8. Duration of Offering				
Does the issuer intend this offering to last more than	n one year? Tes 🔀 No			
tem 9. Type(s) of Securities Offered (Select	all that apply)			
X Equity	Pooled investment Fund Interests			
-	Tenant-In-Common Securities			
Debt	Mineral Property Securities			
Option, Warrant or Other Right to Acquire Another Security	Other (Describe)			
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security				
tem 10. Business Combination Transaction				
Is this offering being made in connection with a busin transaction, such as a merger, acquisition or exchange offering	1 1 - 12-3			
Clarification of Response (if Necessary)				

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 11. Minimum Investment	
Minimum investment accepted from any outside investor	Not Applicable
Item 12. Sales Compensation	
Recipient	Recipient CRD Number
Not Applicable	☐ No CRD Number
Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
Street Address 1	Street Address 2
City State/Provir	Ince/Country ZIP/Postal Code
States of Solicitation All States	
TIL TIN TIA TKS TKY TLA	ME MD MA MI MN MS MO
RI SC SD TN TX UT	VT VA WA WW WI WY PR
(identify additional person(s) being paid compensitem 13. Offering and Sales Amounts	nsation by checking this box and attaching item 12 Continuation Page(s).
(a) Total Offering Amount \$ [1,000,000	OR Indefinite
(b) Total Amount Sold \$ 518,496	
(c) Total Remaining to be Sold (Subtract (a) from (b))	OR Indefinite
Clarification of Response (if Necessary)	
Item 14. Investors	
Check this box if securities in the offering have been or may be number of such non-accredited investors who already have investors	be sold to persons who do not qualify as accredited investors, and enter the ested in the offering:
Enter the total number of investors who already have invested in	In the offering: 6
Item 16. Sales Commissions and Finders' Fees E	Expenses
Provide separately the amounts of sales commissions and finder check the box next to the amount.	ers' fees expenses, if any. If an amount is not known, provide an estimate and
	Sales Commissions \$ 0 Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ 0

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 16. Use of Proceeds		
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as endirectors or promoters in response to item 3 above. If the amount is unknestimate and check the box next to the amount.	xecutive officers, \$ 132,250	Estimate
Clarification of Response (if Necessary)		
Owed deferred compensation.		
Signature and Submission		
Please verify the information you have entered and review the T	erms of Submission below before signing and	submitting this notice.
Terms of Submission. In Submitting this notice, each ide	entified issuer is:	
undertaking to furnish them, upon written request, in accordar irrevocably appointing each of the Secretary of the St the State in which the issuer maintains its principal place of but process, and agreeing that these persons may accept service of such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Excha Company Act of 1940, or the Investment Advisers Act of 1940, or State in which the issuer maintains its principal place of busines. Certifying that, if the issuer is claiming a Rule 505 exertite reasons stated in Rule 505(b)(2)(iii).	EC and the Securities Administrator or other leg siness and any State in which this notice is filed in its behalf, of any notice, process or pleading, y Federal or state action, administrative procee United States, if the action, proceeding or arbit subject of this notice, and (b) is founded, direct inge Act of 1934, the Trust Indenture Act of 193 or any rule or regulation under any of these states ss or any State in which this notice is filed.	gally designated officer of d, as its agents for service of and further agreeing that ding, or arbitration brought tration (a) arises out of any thy or indirectly, upon the designation (ii) the laws of the stutes; or (ii) the laws of the
This undertaking does not affect any limits Section 102(a) of the Nation 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require covered securities" for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherwise under NSMIA's preservation of their anti-fraud authority.	re information. As a result, if the securities that are th due to the nature of the offering that is the subject o	e subject of this Form D are of this Form D, States cannot
Each identified issuer has read this notice, knows the contents tundersigned duly authorized person. (Check this box and in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to b attach Signature Continuation Pages for signa	
Issuer(s)	Name of Signer	
OnCard Marketing, Inc.	Jonathan Treiber	
Signature	Title	
	Chief Executive Officer	
Number of continuation pages attached:		Date
required of continuous pages attached:		February 25, 2009

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

U.S. Securities and Exchange Commission

Washington, DC 20549

Item 3 Continuation Page

Seth Seth Street Address 2	Last Name	First Name		Middle Name
State/Province/Country Zip/Postal Code New York	Sarelson	Seth		
State/Province/Country ZiP/Postal Code 10021	Street Address 1		Street Address 2	
New York New York 10021 New York 10021 New York 10021 New York New York	520 East 76th Street			
Relationship(s): \(\) Executive Officer \(\) Director \(\) Promoter Clarification of Response (if Necessary) Last Name	City	State/Province/Country	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code City State/Province/Country ZIP/Postal Code Clarification of Response (if Necessary) Last Name First Name Middle Name Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 2 Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 2 City State/Province/Country ZIP/Postal Code City State/Province/Country	New York	New York	10021	
Last Name First Name Middle Name Street Address 1 Street Address 2	Relationship(s): X Executiv	re Officer X Director X Promoter		
Street Address 1 Street Address 2 City	Clarification of Response (if Nec	essary)		
City	Last Name	First Name	_ 	Middle Name
State/Province/Country ZIP/Postal Code				
Relationship(s):	Street Address 1		Street Address 2	· · · · · · · · · · · · · · · · · · ·
Relationship(s):		State/Province/Country	7(P/Restal Code	
Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code City Copy and use additional copies of this page as nece	City .	Sate/Hovarce/country] [
Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary)			J [
Last Name First Name Middle Name	Relationship(s): 🔲 Executiv	/e Officer 🔲 Director 🔲 Promoter		
Last Name First Name Middle Name	Clarification of Response (if Nec	essary)		
City State/Province/Country ZiP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1	Last Name	First Name	· .	. Middle Name
City State/Province/Country ZiP/Postal Code Clarification of Response (if Necessary)	Street Address 1		Street Address 2	
Relationship(s):	700000000000000000000000000000000000000			· · · · · · · · · · · · · · · · · · ·
Relationship(s):		State/Province/Country	ZIP/Postal Code	
Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Relationship(s):	<u> </u>			
Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Relationship(s):	Palationshin(s): T Evacutiv	re Officer □ Director □ Promoter	J [
Last Name First Name Middle Name Street Address 2 City State/Province/Country ZiP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece	· —		· · · · · · · · · · · · · · · · · · ·	
Street Address 1 Street Address 2 City State/Province/Country ZiP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece	Clarification of Response (if Nec	essaly)	<u> </u>	
Street Address 1 Street Address 2 City State/Province/Country ZiP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece	Lact Name			Middle Name
City State/Province/Country ZiP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece	Last North	First Name		- Middle Marile
City State/Province/Country ZiP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece	Street Address 1		Street Address 2	
Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece				·
Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece	City	State/Province/Country	ZIP/Postal Code	
Clarification of Response (if Necessary) (Copy and use additional copies of this page as nece				
(Copy and use additional copies of this page as nece	Relationship(s): Executiv	re Officer Director Promoter		
				
		essary)		
. For		essary)		

END